

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830447

FILING DATE

27 APR 2001

APPLICANT(S)

*Boice*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				2		
4				2		
5				2		
6				2		
7				2		
8			1			
9			1			
10				2		
11				2		
12				2		
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50						
TOTAL IND.			4			
TOTAL DEP.				22		
TOTAL CLAIMS				26		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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